

**Rappahannock-Rapidan Community Services Board and  
Area Agency on Aging  
Local Human Rights Committee Meeting  
April 24, 2007**

**MINUTES**

**PRESENT:** Mary Jolly, Melissa DeDomenico-Payne, Carole Sue Graves, and Hal McDermott

**EXCUSED:** Dawn Klemann

**ABSENT:** Allen Ward

**GUEST :** Richard Gilman, Executive Director Blue Ridge Residential Services; Dan Price, Empowering Families Program; and Rosemary Nagel, Director, Homebased Intensive In-Home Services

**ALSO**

**PRESENT :** Brian Duncan, Executive Director, RRCSB-AAA; Jim Bernat, Quality Analyst, RRCSB-AAA; Paula Benenson, Administrative Assistant, RRCSB-AAA; Chuck Collins, Regional Advocate and Human Rights Consultant; and Mark Seymour, Children's Advocate and Human Rights Consultant

1. Call to Order: The Local Human Rights Committee met on April 24, 2007 at the Bradford Road Building, Culpeper, Virginia. Vice Chair, Melissa DeDomenico-Payne, called the meeting to order at 1:35 p.m.

2. Additions or Deletions to the Agenda: None

3. Approval of the January 23, 2007 Minutes: The Vice Chair call for corrections to the minutes. Hearing none, the motion was made by Hal McDermott and seconded by Carole Sue Graves to accept the minutes as presented. The Vice chair called for discussion. There being no discussion, the motion was voted on and passed unanimously.

4. Presentation – Affiliation Updates - Dr. Dan Price, Director, Empowering Families Program: Dr. Price stated that he trains all his staff in Human Rights yearly and is ongoing in staff supervision. Staff are also given a test on Human Rights. Consumers are made aware of their Rights when they enter the program and the staff reviews those rights with them. Consumers are also required to have their rights explained to them annually. The Empowering Families Program has had no complaints this year. Informal complaints are handled by staff and if they cannot resolve a complaint it will then go to Dr. Price. If it still cannot be resolved, he would contact Chuck Collins. The program has had no citation from the Licensing Department this year. He has approximately 20 staff with degrees ranging from Bachelor degrees (this is the minimum), some Ph.Ds and Master level

as well. They establish a culture of human rights in their organization by keeping human rights in mind at all times not only in the office, home, but also in the community.

**Dr. Price stated that services offered by the Empowering Families Program include:**

- Individual Therapy
- Family Therapy
- Group Therapy
- Experiential Therapies
- Psychological Evaluations and Testing
- School Testing for Learning Disabilities, Emotional Disabilities and Attention Deficit Hyperactivity Disorder (ADHD)
- Parenting Program
- Home Based Services

**Dr. Price stated that his program provides Intensive Home Based Services for at risk youth ages 3 to 18 years of age. They have been in operation for approximately eleven years. They have two offices one in Culpeper and the other in Charlottesville. They are licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). The Empowering Families Program Mission is *Empowering Families Program shall be geared to the improvement, strengthening, and empowerment of young people and their families; to improve the overall functioning of the individual as self, in family and in the Community.* Empowering Families Program provides Expert Home Based Therapy delivered by Master Level Experienced Clinicians including School Psychologist, Licensed Professional Counselor, Licensed Clinical Social Worker, Certified Substance Abuse Counselor, Graduates of Master's Programs in Psychology and related fields.**

**In-Home Based Services include Intensive Home Based Therapy:**

- Home Based Family/individual sessions
- Assessment of Children, Parents, Siblings, Families, and Community Agencies' Needs.
- Empowering Family to Set Attainable Goals
- Assist in plan implementation and success
- Reinforcement of Interest Potentials and Skill Development
- Problem Solving
- Crisis Intervention
- Relationship Building and Family Networking
- Parenting Skills Training
- Limit Setting
- Cognitive/Behavioral, Behavior Modification and Family Systems Interventions
- Personal Adjustment Support
- Advocacy for the Needs of the Young Person

- **Coordination and Consultation with all Professionals Involved with the Child and Family**
- **24-Hour On-Call Support**

**Other Home Based Services Offered:** The Home Base Mentoring Services are provided by the family worker under the supervision of a licensed clinician or a Master's level human service professional with a minimum of five (5) years experience include:

- **Role Modeling and Mentoring**
- **Academic Support**
- **Respite**
- **Recreation**
- **Household Organization**
- **Individual and Family Activities Development**

**Parenting Program:** This Program offers two (2), eight (8) session Parent Education groups using approved curriculum; one focusing on pre-teen and teen issues, the other on issues with young children. A third on-going Process Group for parents to develop a support network as well as an outlet to discuss parenting issues with other parents. There is also a Parent Mentoring System component in each of the Parent Groups.

Dr. Price stated that he had just completed a Parenting Program. In fact, the first one in several years. He has found that these are very successful from the feed back he receives.

Dr. Price stated that they have approximately 30-40 cases between the two locations. He estimates that in Culpeper he has less than 10 cases with the remainder of cases in Charlottesville.

Mary Jolly asked about the Experiential Therapies and what it consisted of. Dr. Price stated that this was mostly "role playing".

Mary Jolly thanked Dr. Price for attending the meeting and providing an update on his program.

**Presentation – Affiliation Update – Rosemary Nagel, Director, HomeBased and Intensive In-Home Services, a Program of Psychology Associates** – The Policy of the HomeBased and Intensive In-Home Services is *"To provide guidelines for programs, staff, goals, admission, discharge, and therapeutic approach"*.

**Guidelines and Procedures:**

**Staff:** Homebased services are a division of Psychology Associates, P.C. Services include individual and family therapy, behavior management, crisis intervention, life parenting, communication skills, anger management, problem solving, advocacy skills, and case management. Staff includes family workers, a director and clinical

psychologist. All staff must meet or exceed qualifications of the approved job descriptions.

**Goals of In-Home Services:**

- To decrease the maladaptive patterns of behavior which have caused problems in the child's and family's life.
- To redirect the pattern toward mastery and competence.
- To help them discover a clear vision of their goals.

This is accomplished in the least restrictive environment. The majority of services occur in the home. Other settings include the community, schools, and medical settings.

Consumers manifest a variety of problematic behaviors including, but not limited to: oppositional defiant disorder, attention deficit/hyperactivity disorder, depression, anxiety, school refusal, and suicidal.

**Admission:** - Referrals are accepted from teams involved with the Comprehensive Services Act (CSA), direct referral from professionals and referral agencies, and individuals or families seeking HomeBased services. Contact is generally made within 24 hours. Service begins within one week of referral. A face-to-face assessment is made before services begin. An ongoing assessment with a psychological occurs within the first two weeks of services. The assessment is used to complete the client's Individual Services Plan (ISP) within 30 days and is the cornerstone of all treatment. Families are involved in the assessment and planning and all additions and changes to the ISP. This is documented in progress notes and the ISP which reflects, at a minimum, a review every 90 days. During the assessment and during treatment, relevant people are contacted for information and support. These people may be family members or non-family members. All services are child-centered, family focused, and community based. Services are time-limited and occur primarily in the client's home.

Psychology Associates provides 24 hour emergency response to all clients and their families. Families are given the pager number at the initial meeting.

Case Management is a critical piece of treatment which includes coordination of services and treatment planning with community support agencies. Staff attends administrative meetings as necessary.

**Discharge:** - The client or family may terminate services verbally or in writing at any time. Upon their request or assessment of the staff, a referral may be made to alternative clinicians or other names may be given to the client. Noncompliance of the service plan will constitute reason for discharge after reasonable attempts have been made to address this noncompliant state for correction.

**Approach/Characteristics:** - Based upon a systems approach, a strengths-based competency model directs treatment. Intervention promotes development of essential adaptive patterns in the family. Family members learn to use community support and resources to find solutions to their problems. Services assist clients and their families in their search for health and competence in an atmosphere of respect. Referrals are made to other community resources as appropriate and agreed to by the client or family.

Rosemary stated that she trains staff in Human Rights. In fact, they will be having a training next week. The program notifies consumers of their Human Rights at point of admission. They are given a form to read and sign stating they have been advised of their Rights. There have been no complaints during the past year. Informal complaints would be resolved by the consumer going to the staff person assigned and if the complaint cannot be resolved it would be forwarded to Rosemary. If it cannot be resolved with Rosemary, she would then contact Chuck Collins. The Program has had no citations from the Licensing Department this past year.

Mary Jolly thanked Rosemary Nagel for attending the meeting and providing an update on her program.

**Presentation: Request to Affiliate – Richard Gilman, Executive Director, Blue Ridge Residential Services** – Blue Ridge Residential Services is a State-Licensed Private Agency serving the needs of individuals with Mental Retardation and those with a Developmental Disability. Blue Ridge Residential Services provides services that are funded by Medicaid, by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), and by the Comprehensive Services (CSA). Services provided include:

- **Sponsored Residential Services** – The center of Blue Ridge Residential Services is built around people and their families selecting families who have the desire to share their home and lives with those who, in some cases, have never experienced living in a family home or as a contributor to their community.
- **In-Home Services** – Blue Ridge Residential Services provides a full range of support services for those who presently live in their own home. After an extensive needs assessment and personal preference inventory trained support staff implements support plans.
- **Personal Care/Personal Assistant Services** – Trained Support Staff help individuals attend to basic needs of daily living, e.g., bathing; grooming; housekeeping; cooking; assisting with correspondence; ambulation.
- **Companion Services** – Blue Ridge Residential Services provides trained Support Staff who serve as a “buddy” to those with special needs. Activities may include such things as: Trips and planned community events; participation in recreational/entertainment activities; escort to appointments and meetings, and enrichment exercise.

**Basic Facts about Sponsored Residential Services:**

- Services are provided in a private home by the owner(s)/resident(s) of that home to no more than two (2) individuals with mental retardation or other disabilities. The maximum number of occupants in the home is seven (7).
- Those who provide the home and the services are known as “sponsors”.
- Sponsors are affiliated with a DMHMRSAS licensed provider. The provider agency must hold a “Sponsored Residential” license.
  
- The *licensed provider agency* is responsible for:
  - (1.) Screening potential sponsors and their homes to ensure that all applicable licensing requirements are met (e.g., physical environment requirements for licensed homes, reference and background checks completed on all adult sponsored residential home staff, etc.);
  - (2) Ensuring that the sponsor can meet his/her own expenses for up to 90 days, independent of payments received for individuals receiving services in the home;
  - (3). Training sponsored residential staff consistent with resident needs;
  - (4). Ongoing supervision of the sponsored residential homes, including on-site monitoring;
  - (5). Developing Individual Services Plans (ISPs) for all service recipients;
  - (6). Conducting at least semi-annual unannounced visits.
  - (7). Reviewing compliance with licensing regulations at least annually.
  
- The *sponsors* are responsible for meeting all applicable licensing requirements, such as:
  - (1) Meeting individuals’ nutritional needs;
  - (2) Ensuring that any member of the family who transports individuals receiving services has a valid driver’s license and automobile liability insurance. Vehicles used to transport individuals shall have a valid registration and inspection sticker;
  - (3) Submitting to the provider the results of a physical and mental health examination when requested by the provider based on indications of a problem;
  - (4) Obtaining an annual TB screening;
  - (5) Maintaining documentation of services provided (if MR Waiver funding is received, all Medicaid documentation requirements apply);
  - (6) Receipt of medication and emergency medical training.
  
- Sponsored Residential Services may be billed as “Congregate Residential Support” under the MR Waiver. The current reimbursement rate for that service is \$14.85 per hour. Only the licensed provider may bill. The licensed provider typically takes a portion of that rate as reimbursement for their responsibilities and pays the sponsor the remainder.
- Sponsors are not eligible to receive the MR Waiver services for Respite, although arrangements may be made for other persons to implement individuals’ Residential ISPs when the sponsor(s) need a break. The sponsor(s) and/or provider agency may work together on staffing and payment arrangements for these situations.

- Family members may provide Congregate Residential Supports to a loved one in their own home under Sponsored Residential (provided all requirements are met), but only if there is objective written documentation as to why there are no other providers available to provide the care (i.e., medical, physical location, behavioral, etc. Addition guidance in this regard is being developed.
- Other implications of family members as providers:
  - (1) "All requirements met": i.e., Staff orientation Workbook training, CPR, first aid, etc., required per licensing and Medicaid.
  - (2) Understanding that will be governed by Office of Licensing and Human Rights regulations in role as paid provider.

### **Human Rights General Information for Blue Ridge Residential Services**

- **Seclusion:** Blue Ridge Residential Services does not use seclusion as part of the agency's program.
- **Restraints:** Blue Ridge Residential Services does not use mechanical restraints. Staff members are trained to use Therapeutic Option of Virginia (TOVA) as part of its service delivery. TOVA does not have a component whereby an individual receiving service may be physically restrained if that individual poses a threat to him or herself or others. Blue Ridge associates are trained in TOVA initially and annually thereafter. Blue Ridge Residential Services' TOVA Instructors are Vanessa Harvey, RN; Mark Johnson; and Jim Cox.
- **Human Rights Training:** Human Rights are an integral part of the agency's mindset. They provide training on Human Rights at their initial General Orientation. The General Orientation Handbooks have a complete section detailing human rights for staff to refer to as needed. They also provide testing and retraining at annual staff training fairs.
- **Informing Individuals Receiving Services from Blue Ridge Residential:** The Human Rights are reviewed with an individual upon admission to the agency and are given a Guide to the Agency detailing various aspects of programming including Human Rights. In addition, each location has posted the following: Human Rights Poster containing contact information of the Local Human Rights Advocate, Rules of Conduct, and a VOPA poster. Finally, Human Rights are reviewed at the individual's annual meeting.
- **Human Rights Committees:** Blue Ridge Residential Services is affiliated with the following LHRCs: Alexandria LHRC, Blue Ridge Regional LHRC, Central Virginia Community Services LHRC, Crater LHRC, Eastern Peninsula Northern Neck LHRC, Fairfax-Falls Church LHRC, Heartland LHRC, Northwester LHRC, Portsmouth Regional LHRC, Region Ten LHRC, Southern Virginia Mental Health Institute HRC, Tuckahoe LHRC, and Valley LHRC.

Please see the Statistics for 2006 regarding Blue Ridge Residential Services attached to these minutes.

Following Mr. Gilman's presentation, Chuck stated that he would recommend to the Committee that Blue Ridge Residential Services be allowed to affiliate with the RRCSB-AAA LHRC.

**ACTION:** Hal McDermott made the motion to accept Blue Ridge Residential Services as an affiliate of the RRCSB-AAA LHRC. The motion was seconded by Melissa DeDomenico-Payne. Mary Jolly called for discussion. Hearing none, the motion was voted on and passed unanimously.

**5. Human Rights Announcement – Chuck Collins** – Chuck stated that on April 3, 2007 there was a recognition award from the State Mental Health, Mental Retardation, and Substance Abuse Board recognizing Stellar Volunteers. Chuck provided one to the Committee.

Chuck provided the following update regarding the new regulations. The regulations are in the moving process. Margaret Walsh, Director of Human Rights, has advised the advocates that the State Board has approved the DRAFT Regulations. May 4, 2007 is the date for the new Regulations. Don't worry we will get training on the new Regulations.

Chuck discussed the Mental Health Statute Reform Commission of which he is a member. The Commission has five separate Task Forces. Chuck is on the Self Determination and Empowerment of Consumers Task Force. Consumers need to know about this so they can provide input and have a voice in the outcome. Last October the idea was that the Commission would be finished with its task in a year. This is not going to happen. It will be, at least, another year before model language will take place. Another Task Force is Access to Services. Unfortunately they don't have enough resources to do this.

Chuck asked Jim and Paula to set up a time for the annual two hour Human Rights Training sometime in June. Chuck stated he would like to do it at RRCSB in June 2007. He requested that Paula send out information on the training after the room has been reserved. Information should go out to all Committee members and all affiliates recommending that each affiliate program send at least one individual who is responsible for training staff in the Human Rights Regulations. Depending upon how many RSVP we receive we may invite RRCSB Board members, and other agency staff.

**6. Update on Recent RRCSB-AAA Cases and Issues for the period 1/24/ 2007 through 4/23/07** – Jim Bernat, Quality Analysts, provided the following information for this period: Jim stated that we have changed the way we do our new employee orientation. Our orientation for new employees is now two full days (Monday & Tuesday) and a half day on Wednesday.



- **Trainings – New Employee Orientation to Privacy- one (1) training event to two (2) participants; New Employee Orientation to Human Rights & Privacy – two training events to 13 participants; General Human Rights & Professional Boundaries – one (1) training event to five (5) participants at Visions Psychosocial Program. Summary of Events: Four (4); Summary of Participants: 20.**
- **Complaints – There were no Informal Complaints.**
- **Complaints – There were no Formal Complaints.**
- **Allegations of Abuse/Neglect: - There were 11 allegations of Abuse/Neglect from the Orange Bridges Program; There was one (1) allegation from the Fauquier Bridges Program; one (1) allegation from Transit/Orange Bridges; one (1) allegation from the Liberty Group Home; one allegation from Boxwood; and one allegation from Transit.**
- **Allegations of Abuse/Neglect: Of the 15 allegations of abuse/neglect Internal Findings show 14 not Founded; and one (1) as abuse not founded, however, violation of Treatment with Dignity is pending.**
- **NOTE: Regarding the allegations of abuse from Orange Bridges it is the same two consumers striking others and pulling hair. There was a managers meeting to discuss what is going on at that Program. Currently, one of the consumers is in the hospital with pneumonia and not doing too well. The other consumer will be going into a nursing home soon.**
- **Please see Jim Bernat's complete report attached to these minutes for the record.**

**7. Update by Brian Duncan, Executive Director, RRCSB-AAA**

- **We are planning to open a 24-hour mental health home once renovations are complete. Once we get our license we will determine who will be served. The Program Manager and staff are in the process of being trained.**
- **Rappahannock Area CSB has opened a Crisis Stabilization Unit in Fredericksburg and Region Ten's CSB (Charlottesville) Crisis Stabilization Unit will be opening in the next few weeks. We have sent people to the Rappahannock Area Crisis Stabilization Unit. We are very pleased to see these programs on our door step. The average stay is 6-10 days. They are open 7 days a week. The consumer is admitted after an emergency services screening/pre-screening evaluation is done. This is covered by Medicaid.**
- **At the July meeting we will be inviting Deep Run Lodge, a program of Vanguard Services Unlimited, and Family Preservation Services.**

**8. Other –**

- **Mark Seymour advised us that we can take Deep Run Lodge off our affiliation list. The Boys Program has closed and the Girls Program will be closing in the next week. They will be relocating to Arlington, Virginia.**
- **Mark also advised the Committee that Diane McClure, Administrator at Alice C. Tyler Village of Childhelp East has resigned. The facility is still open. The facility is licensed to have 59 children. They currently have 58**

**children at this time. The new Administrator is John Bashan. He has eight years experience in therapeutic treatment.**

**The next meeting of the Local Human Rights Committee will be on Tuesday, July 24, 2007, at 1:30 p.m., in Meeting Room B. Please remember if you cannot attend a meeting to contact Paula Benenson at 540-825-3100, ext. 3146.**

**There being no further business, the motion was made by Carole Sue Graves to adjourn. The motion was seconded by Hal McDermott, voted on, and passed unanimously. The meeting adjourned at 3:15 p.m.**

**pjb**